

# OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Special Education Hearings Division

66 John Street, 11<sup>th</sup> Floor New York, NY 10038 Tel: (212) 436-0821 Email: sehd@oath.nyc.gov

# NOTICE OF APPEARANCE

TO THE IMPARTIAL HEARING OFFICER AND ALL PARTIES OF RECORD:

Please note that I am entering	g a Notice of A	ppearance in th	e below-refere	enced case on
behalf of the I	request that co	pies of all con	nmunications 1	regarding this
case be sent to me at the contact infor	mation below.			
Case Number:				
Student Name:				
Name of Person Making Appearance				
Title (Attorney, Representative, etc.)	):			
Organization, Firm, etc.:				
Address Line 1:				
Address Line 2:				
Phone Number:				
Email Address:				
I am appearing as co-counsel:				
Remove all prior representatives liste	ed in this case:	Yes	No	
Date:				

## **INSTRUCTIONS**

Use this form to let the IHO and all other parties know that you will be representing one side of the case as an attorney or representative. This is also called "entering your appearance." By filling out this form, you will receive all emails and other communications from the IHO and attorneys on this case. You do not need to fill out this form if you are the parent who filed the case and are representing yourself.

### "TO THE IMPARTIAL HEARING OFFICER" Section

In this section, explain who you are representing in the case. Click on the arrow next to "Choose an item" to select either "Parent" or "District."

#### Fill in other case information

Fill in the information on the blank lines. For example, across from "Name of Person Making Appearance," fill in your name. Click inside the check box to answer whether you are appearing as co-counsel and whether you want all other individuals who have appeared to be removed.

#### Submit this form

Email the completed form to your IHO. Be sure to copy the other party on your email.